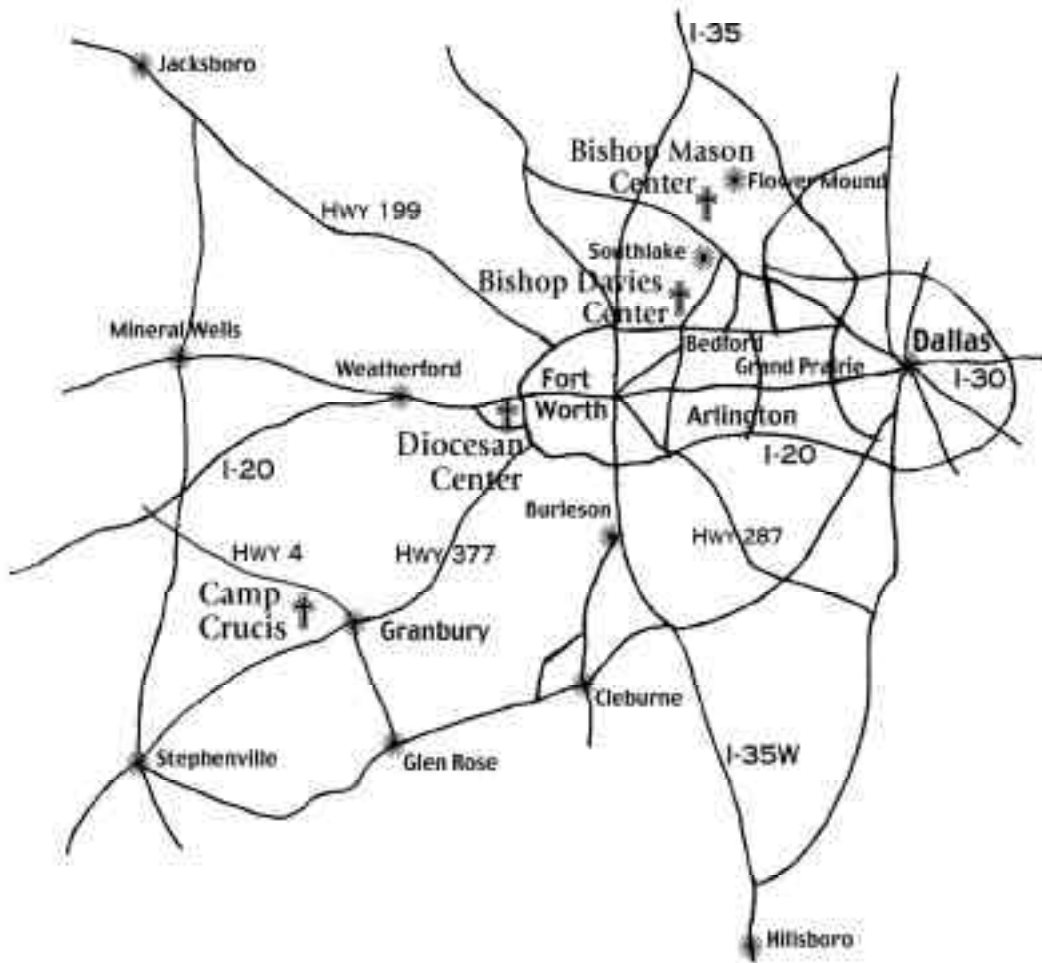


**SECTION IX:**

**MAP AND FORMS**



**INFORMATION & PETITION  
TO BE MARRIED IN THE CHURCH**

For those who have been previously married and whose former spouse is still living. A separate form is to be filled out by the priest for each person who has been divorced.

Petitioner's Full Legal Name \_\_\_\_\_

Full Legal Name of Intended Spouse \_\_\_\_\_

Petitioner's Present Age \_\_\_\_\_ Age of Petitioner's Intended Spouse \_\_\_\_\_

Date Petitioners made their intentions known to you \_\_\_\_\_

Petitioner's present status in the Church \_\_\_\_\_

What is date of intended marriage: \_\_\_\_\_

Dates of ALL Previous Marriages \_\_\_\_\_

Dates and States of ALL Divorce Decrees \_\_\_\_\_

Do you have a Certified Copy of ALL Divorce Decrees in your file? \_\_\_\_\_

In an accompanying letter, explain the causes for the failure of the previous marriage(s), as determined through your counseling and your assessment of the probability of these problems recurring.

A letter is also required from the petitioner(s). (See The Customary of the Episcopal Diocese of Fort Worth. Page 16.)

Was the Petitioner previously married in the Church and instructed in its teaching of marriage? \_\_\_\_\_

Have all obligations to former spouses and children been satisfied? \_\_\_\_\_

Can Petitioner continue to meet any obligations that still exist, and are both parties of this marriage willing to do so? \_\_\_\_\_

Have both parties been instructed in the Church's teaching on marriage? \_\_\_\_\_

Have you a signed Declaration of Intention for your file? \_\_\_\_\_

Do both parties freely and knowingly consent to this marriage without Fraud, Coercion, Mistake of Partner's Identity or Mental Reservation? \_\_\_\_\_

Have all other Canonical and civil requirements been met? \_\_\_\_\_

As a summation of your feelings, would you:

\_\_\_\_ A. NOT CARE TO OFFICIATE AT THIS PROPOSED MARRIAGE? (I.18.4)?

\_\_\_\_ B. GLADLY OFFICIATE AT THIS PROPOSED MARRIAGE?

\_\_\_\_ C. OFFICIATE WITHOUT FEELINGS EITHER WAY?

Priest's signature \_\_\_\_\_ Date \_\_\_\_\_

Church \_\_\_\_\_ City \_\_\_\_\_

PETITION APPROVED \_\_\_\_\_

PETITION DISAPPROVED \_\_\_\_\_

DATE \_\_\_\_\_

\_\_\_\_\_  
BISHOP OF FORT WORTH



**THE EPISCOPAL DIOCESE OF FORT WORTH  
2900 Alameda Street  
Fort Worth, TX 76108**

**APPLICATION FOR WORSHIP LEADER'S LICENSE**

**NAME OF APPLICANT:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**PARISH/MISSION:** \_\_\_\_\_

**BAPTISM DATE:** \_\_\_\_\_

**CONFIRMATION DATE:** \_\_\_\_\_

**TRAINING RECEIVED FROM:** \_\_\_\_\_

**DATE OF COMPLETION OF TRAINING:** \_\_\_\_\_

**REASON FOR SEEKING WORSHIP LEADER'S LICENSE:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

**ENDORSEMENT OF RECTOR/VICAR OF CONGREGATION**

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**CHURCH** \_\_\_\_\_

**THE EPISCOPAL DIOCESE OF FORT WORTH  
2900 Alameda Street  
Fort Worth, TX 76108**

**APPLICATION FOR RENEWAL OF WORSHIP LEADER'S LICENSE**

**NAME OF APPLICANT:** \_\_\_\_\_

**PARISH/MISSION:** \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

**ENDORSEMENT OF RECTOR/VICAR OF CONGREGATION**

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

**CHURCH** \_\_\_\_\_

**THE EPISCOPAL DIOCESE OF FORT WORTH  
2900 Alameda Street  
Fort Worth, TX 76108**

**APPLICATION FOR EUCHARISTIC MINISTER'S LICENSE**

A lay person authorized to administer the chalice at any Celebration of the Holy Eucharist in the absence of a sufficient number of Priests or Deacons assisting the Celebrant.

**NAME OF APPLICANT:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**PARISH/MISSION:** \_\_\_\_\_

**BAPTISM DATE:** \_\_\_\_\_

**CONFIRMATION DATE:** \_\_\_\_\_

**TRAINING RECEIVED FROM:** \_\_\_\_\_

**DATE OF COMPLETION OF TRAINING:** \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

**ENDORSEMENT OF RECTOR/VICAR OF CONGREGATION**

As Priest in charge of this congregation, I have examined the above-named applicant and found him/her to be proficient in the duties of a Eucharistic Minister. I thereby recommend him/her to minister to this congregation in that capacity.

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_ **CHURCH** \_\_\_\_\_

**ENDORSEMENT OF VESTRY:**

As Senior Warden of \_\_\_\_\_

**Church**

I hereby certify that \_\_\_\_\_

**Name**

has the approval and endorsement of the Vestry to be a Eucharistic Minister for this Parish/Mission.

**Date** \_\_\_\_\_

\_\_\_\_\_  
**Signature**

**THE EPISCOPAL DIOCESE OF FORT WORTH  
2900 Alameda Street  
Fort Worth, TX 76108**

**APPLICATION FOR RENEWAL OF EUCHARISTIC MINISTER'S LICENSE**

A lay person authorized to administer the chalice at any Celebration of the Holy Eucharist in the absence of a sufficient number of Priests or Deacons assisting the Celebrant.

**NAME OF APPLICANT:** \_\_\_\_\_

**PARISH/MISSION:** \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

**ENDORSEMENT OF RECTOR/VICAR OF CONGREGATION**

**As priest in charge of this congregation, I endorse this application for renewal of the license of this person as a Eucharistic Minister.**

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

**CHURCH** \_\_\_\_\_

**ENDORSEMENT OF VESTRY:**

**As Senior Warden of** \_\_\_\_\_  
**Church**

**I hereby certify that** \_\_\_\_\_  
**Name**

**has the approval and endorsement of the Vestry to be a Eucharistic Minister for this Parish/Mission.**

**Date** \_\_\_\_\_

\_\_\_\_\_  
**Signature**

**THE EPISCOPAL DIOCESE OF FORT WORTH  
2900 Alameda Street  
Fort Worth, TX 76108**

**APPLICATION FOR EUCHARISTIC VISITOR'S LICENSE**

A lay person authorized to take the Consecrated Elements in a timely manner following a Celebration of the Holy Eucharist on Sunday to members of the congregation who, by means of illness or infirmity, were unable to be present at the Celebration.

**NAME OF APPLICANT:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**PARISH/MISSION:** \_\_\_\_\_

**BAPTISM DATE:** \_\_\_\_\_

**CONFIRMATION DATE:** \_\_\_\_\_

**TRAINING RECEIVED FROM:** \_\_\_\_\_

**DATE OF COMPLETION OF TRAINING:** \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

**ENDORSEMENT OF RECTOR/VICAR OF CONGREGATION**

**As Priest in charge of this congregation, I have examined the above-named applicant and found him/her to be proficient in the duties of a Eucharistic Visitor. I thereby recommend him/her to minister to this congregation in that capacity.**

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_ **CHURCH** \_\_\_\_\_

**ENDORSEMENT OF VESTRY:**

**As Senior Warden of** \_\_\_\_\_ **Church**

**I hereby certify that** \_\_\_\_\_ **Name**

**has the approval and endorsement of the Vestry to be a Eucharistic Visitor for this Parish/Mission.**

**Date** \_\_\_\_\_ **Signature** \_\_\_\_\_



**THE EPISCOPAL DIOCESE OF FORT WORTH  
2900 Alameda Street  
Fort Worth, TX 76108**

**APPLICATION FOR RENEWAL OF EUCHARISTIC VISITOR'S LICENSE**

A lay person authorized to take the Consecrated Elements in a timely manner following a Celebration of the Holy Eucharist on Sunday to members of the congregation who, by means of illness or infirmity, were unable to be present at the Celebration.

**NAME OF APPLICANT:** \_\_\_\_\_

**PARISH/MISSION:** \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

**ENDORSEMENT OF RECTOR/VICAR OF CONGREGATION**

**As Priest in charge of this congregation, I have examined the above-named applicant and found him/her to be proficient in the duties of a Eucharistic Visitor. I thereby recommend him/her to minister to this congregation in that capacity.**

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

**CHURCH** \_\_\_\_\_

**ENDORSEMENT OF VESTRY:**

**As Senior Warden of** \_\_\_\_\_

**Church**

**I hereby certify that** \_\_\_\_\_

**Name**

**has the approval and endorsement of the Vestry to be a Eucharistic Visitor for this Parish/Mission.**

**Date** \_\_\_\_\_

\_\_\_\_\_  
**Signature**

**THE EPISCOPAL DIOCESE OF FORT WORTH  
2900 Alameda Street  
Fort Worth, TX 76108**

**APPLICATION FOR CATECHIST'S LICENSE**

**NAME OF APPLICANT:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**PARISH/MISSION:** \_\_\_\_\_

**BAPTISM DATE:** \_\_\_\_\_

**CONFIRMATION DATE:** \_\_\_\_\_

**TRAINING RECEIVED FROM:** \_\_\_\_\_

**DATE OF COMPLETION OF TRAINING:** \_\_\_\_\_

**REASON FOR SEEKING CATECHIST'S LICENSE:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

**ENDORSEMENT OF RECTOR/VICAR OF CONGREGATION**

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

**CHURCH** \_\_\_\_\_